

TO: ALL SCHOOL FOOD SERVICE DIRECTORS

ARKANSAS PROJECT FOR FRESH FRUITS AND VEGETABLES
School Year 2009-2010

If you wish to participate in the FFV Program for school year 2009-2010, please complete this application and **FAX** to the Commodity Office **by close of business Friday, April 24, 2009.**

FAX NUMBER 501-371-1410 (Type or Print)

School/Agency Name _____ RA# _____

Number of Delivery Sites _____

Physical Address _____

City _____ ZIP _____

If more than one, please type on separate letterhead and attach to this form.

Mailing address _____

City _____ ZIP _____

Person authorized to place orders _____

E-mail address _____

Telephone # _____ **FAX #** _____

List your delivery day preferences (1-5 with 1 being the first choice, 2 the second choice, etc.)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Superintendent's Name _____
(please print)

Superintendent's Signature _____

Foodservice Director's Name _____
(please print)

Foodservice Director's Signature _____

E-Mail Address _____

NOTE: A minimum of \$50.00 per order is required